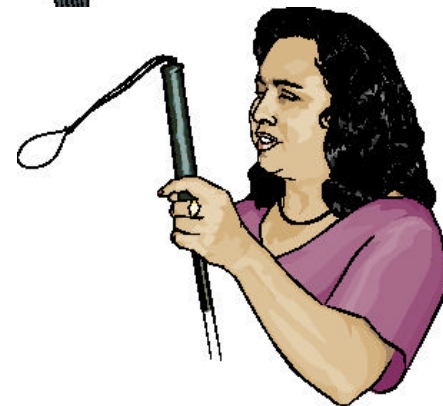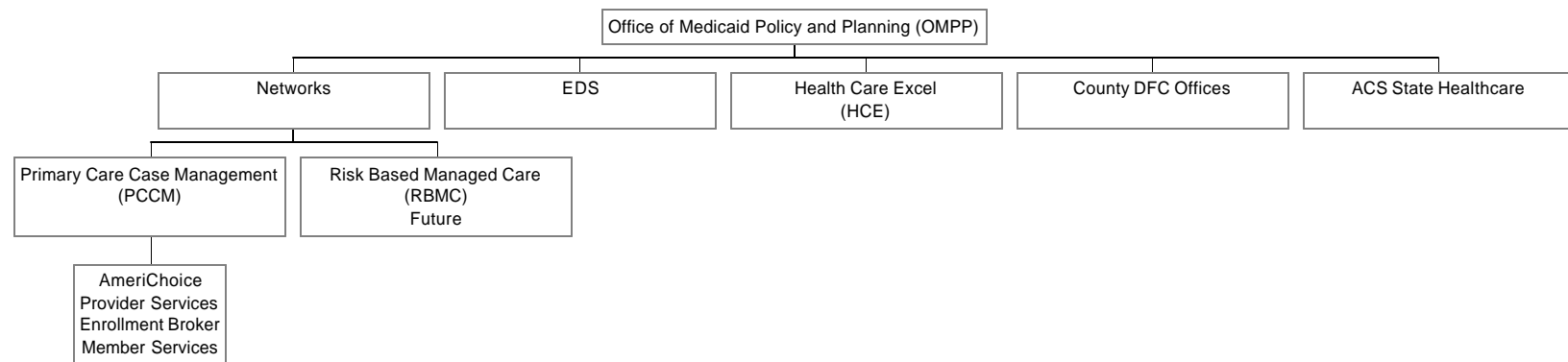# What is *Medicaid Select*?

- **Managed Care Program**
  - Aged
  - Blind
  - Disabled

# Goals of *Medicaid Select*

- *Ensure* access to primary and preventive health care services.

- *Improve* utilization of and access to all necessary health care services.

- *Encourage* quality, continuity and appropriateness of medical care.

- *Provide* medical coverage in a cost-effective manner.

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A UnitedHealth Group Company

# *Medicaid Select*

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                    ┌─────────────────────────────────────────┐
                    │ Office of Medicaid Policy and Planning   │
                    │              (OMPP)                      │
                    └─────────────────────────────────────────┘
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| Networks | EDS | Health Care Excel (HCE) | County DFC Offices | ACS State Healthcare |
|---|---|---|---|---|

| Primary Care Case Management (PCCM) | Risk Based Managed Care (RBMC) Future |
|---|---|

| AmeriChoice Provider Services Enrollment Broker Member Services |
|---|

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A UnitedHealth Group Company

# AmeriChoice

- *Provider Services* - Develop and administer the Primary Care Case Management network

- *Enrollment Broker* - Educate and enroll (link with a PMP) eligible members into the program

- *Member Services* - Manage *Medicaid Select* Helpline - 1-877-MEDSELECT (1-877-633-7353)

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A UnitedHealth Group Company

# EDS Responsibilities

- Enroll eligible providers in IHCP
- Provide panel rosters to PMPs
- Provide quarterly certification (cert) codes
- Process and pay claims
- Educate providers on policy
- Provide program updates through Provider Bulletins and Banners

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# Call EDS at 1-800-577-1278

- For any Medicaid *billing* questions
- For any Medicaid *claim* questions
- To schedule a visit with your EDS Field Consultant



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# Health Care Excel (HCE) Responsibilities

- Review requests and provide prior authorization

- Conduct surveillance and utilization reviews (SUR)

- Manage the Restricted Card Program

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# Call HCE

- To request prior authorization for services at 1-800-457-4518

- To report suspected fraud or abuse at 1-800-216-5938

- To discuss a "restricted card" member at 1-800-457-4515

# County DFC Responsibilities

- Determine member eligibility status
- Enter member information into ICES
- Maintain member eligibility files

# ACS State Healthcare Responsibilities

- Pharmacy Benefits Manager
- Processes drug claim forms submitted on the pharmacy claim form
- Conducts comprehensive audit program of paid pharmacy claims
- On-site pharmacy reviews

# MEMBER ENROLLMENT

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# Eligible *Medicaid Select* Members

- Aged
- Blind
- Physically and Mentally Disabled
- Medicare/Medicaid Dual Eligibles

- Children Receiving Adoptive Services
- Individuals Receiving Room and Board Assistance
- MedWorks Participants

# Individuals NOT Eligible for *Medicaid Select*

- Breast and Cervical Cancer Group

- Wards

- Foster Children

- Persons in Nursing Homes, ICF/ MRs and State-Operated Facilities

- Persons on Waivers

- Persons receiving Hospice Services

- Individuals for whom Medicaid Pays only the Medicare Premium

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# Member Enrollment

- Eligible members may be educated and enrolled through
  - Benefit Advocates
  - *Medicaid Select* Helpline
  - Community Partners

# PMP Selection and Auto-Assignment

- Members have 60 days to choose a PMP.

- If the member does not choose a PMP after 60 days, one will be assigned.

- Members will only be auto-assigned to one of the five traditional PMP types or to a non-traditional PMP type if they have previously been linked to that PMP in the *Medicaid Select* program.

# *Medicaid Select*

## Primary Care Case Management
## PMP Enrollment



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# Overview

- Physicians sign agreement with the state of Indiana

- Reimbursement follows the current Indiana Medicaid Fee Schedule

- $4.00 monthly administration fee per member

- EDS serves as fiscal agent processing claims and making payments

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# Who Can be a PMP?

- Five Standard PMP Categories
  - Family Practice
  - General Practice
  - Internist
  - Pediatrician
  - OB/GYN
- Any Physician Specialist Willing to Serve as a PMP Assuming Necessary Responsibilities

# PMP Responsibilities

- Provide a medical home for members
- Must be available at least 20 hours a week over a three day period at one of the service locations - time may be split between service locations
- Provide medical assistance 24 hours a day, seven days a week (after hours may be through an answering machine or paging service)

# PMP Referrals
# and
# Member Self- Referrals

# Primary Care Case Management (PCCM) PMP Authorization/Referral

- Consists of a two digit certification code in addition to the PMP's Provider ID
- Certification code and ID is used when the PMP issues a referral to another physician
- PMP will specify which services are covered by the referral
- Referral may be in written or verbal form
- Referrals must be documented in the member's medical chart

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# Certification Codes

- A two-digit certification code is issued quarterly by EDS.

- Certification codes will be used in conjunction with the Provider ID to authorize services and allow payment to the other provider .

- Certification codes will be mailed to your office approximately two weeks prior to the quarter change.

- Call EDS if not received.

# Member Self-Referral

- Emergency Services
- Eye Care (except eye surgical services
- Family Planning Services
- Dental Care
- Chiropractic Care

- Pharmacy
- Podiatry Services
- Behavioral Health Care (provided by behavioral health provider specialty)

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# Verifying Member Eligibility

# Member Identification Card



Medical providers: This card is used for identification purposes only and does not entitle the card holder to services which are available under the programs administered by the State of Indiana. To verify eligibility for covered services providers must call 1-800-738-6770.

Cardholders: IT IS AGAINST THE LAW FOR THIS CARD TO BE USED BY OR FOR ANYONE EXCEPT THE PERSON WHOSE NAME IS PRINTED ON THE FRONT OF THIS CARD.

For questions regarding the use of this card or to report a card lost or stolen, please contact your County Office of the Division of Family and Children.
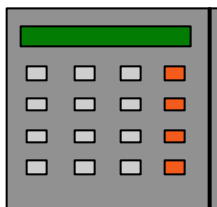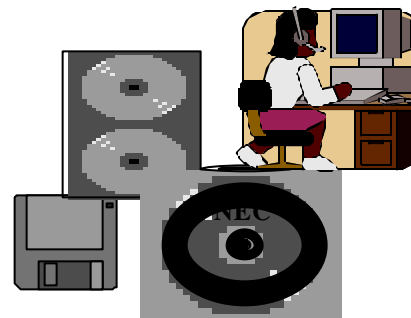
AUTHORIZED
SIGNATURE

Medicaid Id Cards
P.O. Box 68761
Indianapolis, Indiana 46266-0761
If found, please drop in any U.S. Mailbox - Return postage guaranteed.

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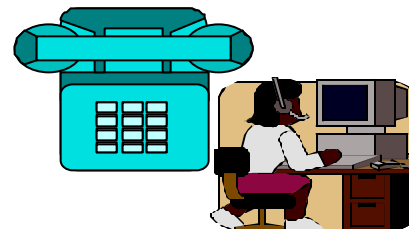
# How Do I Verify Eligibility?

Automated Voice Response (AVR) System

Provider Electronic Solutions (PES)

OMNI Swipe Card Terminal Device

Customer Assistance
(for dates-of-service
 over one year)

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# EDS InterChange

- It's new and it's free!

- Go to *www.indianamedicaid.com.*

- Click on InterChange Home to find out more.

- Providers can check eligibility as far back as three years.

- The system provides enhanced Third Party Liability Information (TPL).

# Verify Eligibility *BEFORE* Rendering Services

# Indiana Medicaid Web Site

*www.indianamedicaid.com*

# *Medicaid Select* Web Site

## *www.medicaidselect.com*

*Medicaid Select* **Helpline**

**1-877-MEDSELECT**

**(1-877-633-7353)**

# Questions?